

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,165.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,751.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by JOE ZIMMERMAN this the 14TH day of JANUARY, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: CLARENCE PILGRAM II Title of officer administering oath: ADMIN MGR CITY SEC OFC

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ N/A
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ N/A
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ N/A
4. SCHEDULE E: LOANS		\$ N/A
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9,165.69
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ N/A
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ N/A
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ N/A
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ N/A
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ N/A
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ N/A
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ N/A

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <i>1/3</i>	2 FILER NAME <i>JOE R ZIMMERMAN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/3/2024</i>	5 Payee name <i>Fair Bend County Fair Association</i>	
6 Amount/(\$) <i>\$1,300.00</i>	7 Payee address; <div style="background-color:black; width:150px; height:20px; display:inline-block;"></div>	City; State; Zip Code <i>Rosenberg TX 77471</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fair Bend County Fair</i>	(b) Description <i>LIVE AUCTION ADD-ONS FOR KIDS</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/29/2024</i>	Payee name <i>MAGANA MEDIA (OCTOBER & NOVEMBER)</i>	
Amount (\$) <i>\$1,500.00</i>	Payee address; <div style="background-color:black; width:150px; height:20px; display:inline-block;"></div>	City; State; Zip Code <i>Richardson TX 75089</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description <i>SOCIAL MEDIA / CAMPAIGN STRATEGY</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/31/2024</i>	Payee name <i>FINEST & BRAVEST FOUNDATION OF SUGARLAND</i>	
Amount (\$) <i>\$3,000.00</i>	Payee address; <div style="background-color:black; width:150px; height:20px; display:inline-block;"></div>	City; State; Zip Code <i>Sugar Land TX 77487</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION TO POLICE & FIRE (SUGARLAND)</i>	Description <i>Auction item</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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1 Total pages Schedule F1: <i>4/3</i>	2 FILER NAME <i>JOE R ZIMMERMAN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/25/2024</i>	5 Payee name <i>MAGANA MEDIA (August 3rd SEPTEMBER)</i>	
6 Amount (\$) <i>\$1,500.00</i>	7 Payee address; City; State; Zip Code <i>[Redacted] Redmond TX 77469</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	(b) Description <i>SOCIAL MEDIA / CAMPAIGN STRATEGY</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>9/26/2024</i>	Payee name <i>ICEHOUSE CONSULTING LLC</i>	
Amount (\$) <i>\$265.69</i>	Payee address; City; State; Zip Code <i>[Redacted] Sugar Land TX 77479</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING REIMBURSEMENT</i>	Description <i>WEB DOMAIN / ANNUAL FEE</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>9/26/2024</i>	Payee name <i>FOUR PANTS BUYERS GROUP</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>[Redacted] Sugar Land TX 77496-9742</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOUR PANTS COUNTRY FARM</i>	Description <i>FRESH SALS</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

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1 Total pages, Schedule F1: 3/3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/27/2024	5 Payee name MAGANA MEDIA
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6 Amount/(\$) \$1,500.00	7 Payee address: [REDACTED]	City: Sugar Land	State: TX	Zip Code 77469
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSECUTIVE EXPENSE	(b) Description SOCIAL MEDIA / CAMPAIGN STRATEGY
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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